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	DECLARATION		Applicat	ion Number						
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			Examine	r Name						
As an above name	inventor, I hereby declare	that;								
My residence, post	office address, and cilizens	hip are as stated be	elow next t	o my name.						
I believe I am the p	iginal, first and sole invento	or (if only one name	ie lietad h	elow) or an aciainal fi	nt and Inlating	5 05-1				
listed below) of the	subject matter which is clair	med and for which	patent is	sought on the invention	stano jointinveni n entitled:	or (if plural names are				
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	ave reviewed and underst	ood the contents of	the above	identified specification	n, including the cla	aims, as amended by				
any amendment spec	ifically referred to above.									
I acknowledge the du	ty to disclose information w	hich is material to p	patentabilit	as defined in Title 37	Codes of Federa	l Regulations, §1.56.				
I hereby claim foreign	n priority under Title 35. L	Inited States Code	6 119 (2)	(d) or 6 365 (b) of a	ov foreign applic	ation(s) for entent as				
ui America, listed bei	or § 365 (a) of any PCT in ow and have also identified	i below by checkin	n the how	any foreign application	n for nations or inc	an the United States rentor's certificate, or				
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Additional foreign application numbers are listed on a supplemental priority sheet attached hereto: I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below:										
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applic 35, Ur Code	ation is not discl	osed in the e §112, I	acknowle	nited States dge the dut	or PCT I	nternation	al appli	cation in	the man	ect matter Per provided	orea Jbyl	of any PCT International ach of the claims of this the first paragraph of Title to defined in Title 37. Title and the national or PCT
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Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto:												
Asana	med inventor. L	herehv ar	and thione	conicioend a								below to prosecute this odence be addressed to
Fi	Firm Name: Alix, Yale & Ristas, LLP Cu						Customer Number: 002543					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor												
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Additional inventors are being named on supplemental sheet(s) attached hereto.												

Type a plus sign (+) inside this box $\rightarrow (+)$ PAGE 3 ADDITIONAL INVENTOR(S) DECLARATION Supplemental Sheet Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Family Hwai Sian Name TSAI Initial Suffix Name Inventor's 28/1/04 Signature Date Hong RESIDENCE: State City Country Citizenship Kong SAR Hong Kong SAR POST c/o Flat A, 16th Floor, EIB Center, 40-44 Bonham Strand, Sheung Wan, Hong Kong OFFICE **ADDRESS** State Applicant Zip Country Authority Name of Additional Joint Inventor, if any: A pullion has been filed for this unsigned inventor Middle Family Wing Cheona Name **CHAN** Suffix Initial Name 28/1/08 Signature Date Hong Kong RESIDENCE: State City Country Citizenship Hong Kong SAR SAR POST c/o Flat A, 16th Floor, EIB Center, 40-44 Bonham Strand, Sheung Wan, Hong Kong **OFFICE ADDRESS** City Applicant State Zip Country Authority Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Middle Family Suffix Name Initiat Name inventor's Date Signature RESIDENCE: State Country Citlzenship City POST OFFICE **ADDRESS** City Applicant State Zip Country Authority Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Middle Family Suffix Name Initial Name Inventor's Date Signature RESIDENCE: State Country City Citizenship POST OFFICE **ADDRESS** City Applicant State Country Authority Additional inventors are being named on supplemental sheet(s) attached hereto